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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 10301 Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR **SMALL ENTITY** SMALL ENTITY (Column 2) (Column 1) **NUMBER FILED NUMBER EXTRA** FOR RATE FEE **RATE** FEE BASIC FEE OR (37 CFR 1.16(a)) **TOTAL CLAIMS** minus 20 =OR (37 CFR 1.16(c)) X \$_ INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 =OR (37 CFR 1.16(d)) MULTIPLE DEPENDENT CLAIM PRESENT OR OR TOTAL TOTAL * If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 3) **SMALL ENTITY** (Column 2) (Column 1) SMALL ENTITY **CLAIMS** HIGHEST **PRESENT** REMAINING NUMBER RATE ADDI-RATE ADDI-**EXTRA TIONAL** TIONAL **PREVIOUSLY** AMENDMENT AFTER FEE FEE PAID FOR **AMENDMENT** Total Minus 20 (37 CFR 1.16(c)) OR 3 Independent Minus (37 CFR 1.16(b)) = X \$ = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + 5 TOTAL TOTAL OR ADD'L FÉE ADD'L FEE (Column 3) (Column 1) (Column 2) **HIGHEST** CLAIMS $\mathbf{\omega}$ **PRESENT** RATE RATE ADDI-NUMBER ADDI-REMAINING EXTRA ENT TIONAL **PREVIOUSLY** TIONAL AFTER **FEE** PAID FOR FEE **AMENDMENT** ENDM Total Minus (37 CFR 1.16(c)) X \$_ OR X \$_ Independent Minus = (37 CFR 1.16(b)) X \$_ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR +\$ TOTAL **TOTAL** OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST \circ **PRESENT** ADDI-**RATE** REMAINING NUMBER **RATE** ADDI-EXTRA ENT **TIONAL** TIONAL **PREVIOUSLY** AFTER FEE FEE **AMENDMENT** PAID FOR Total Minus Ξ = OR (37 CFR 1.16(c)) END Independent Minus (37 CFR 1.16(b)) OR X \$ AM FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + \$_ + \$ TOTAL TOTAL ADD'L FEE ADD'L FEE OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.